

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court</b> <b>Western District of Texas</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>EI Paso Children's Hospital Corporation</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>DBA EI Paso Children's Hospital</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>26-3075429</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>4845 Alameda Ave.</b> <b>EI Paso, TX</b> <div style="text-align: right;">ZIP Code <b>79905-2705</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>EI Paso</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input checked="" type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input checked="" type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**El Paso Children's Hospital Corporation****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**El Paso Children's Hospital Corporation****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Attorney\***

**X** **/s/ Patricia B. Tomasco** \_\_\_\_\_  
Signature of Attorney for Debtor(s)

**Patricia B. Tomasco 01797600** \_\_\_\_\_  
Printed Name of Attorney for Debtor(s)

**Jackson Walker L.L.P.** \_\_\_\_\_  
Firm Name

**100 Congress Ave., Suite 1100**  
**Austin, TX 78701**

\_\_\_\_\_  
Address

**Email: ptomasco@jw.com**  
**(512) 236-2076 Fax: (512) 691-4438**

\_\_\_\_\_  
Telephone Number

**May 19, 2015**

\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** **/s/ Rosemary Castillo** \_\_\_\_\_  
Signature of Authorized Individual

**Rosemary Castillo** \_\_\_\_\_  
Printed Name of Authorized Individual

**Board Chair** \_\_\_\_\_  
Title of Authorized Individual

**May 19, 2015**

\_\_\_\_\_  
Date

**EL PASO CHILDREN'S HOSPITAL CORPORATION**  
**BOARD OF DIRECTORS RESOLUTIONS**

February 11, 2015

**WHEREAS**, the Board of Directors ("Board") of El Paso Children's Hospital Corporation, a Texas non-profit corporation ("EPCH" or the "Company") has reviewed, discussed and analyzed the term sheet presented by El Paso County Hospital d/b/a University Medical Center ("UMC") with respect to the terms required by UMC to undertake a transaction to take control of the Company ("Term Sheet");

**WHEREAS**, the Board has reviewed the materials presented by the management and the advisors of the Company regarding the liabilities and liquidity situation of the Company, the strategic alternatives available to it and the impact of the foregoing on the Company's businesses;

**WHEREAS**, the Board has had the opportunity to consult with the management of the advisors of the Company and fully consider each of the strategic alternatives available to the Company;

**WHEREAS**, if a Term Sheet with UMC cannot be negotiated to the satisfaction of the Board, the Board has determined that a restructuring of the Company to be accomplished through a plan of reorganization under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code") is in the best interest of the Company and its creditors and necessary to preserve and protect the charitable mission of the Company.

**WHEREAS**, the Board hereby approves the following:

**MEDIATION OF TERM SHEET**

**RESOLVED**, that the Company will invite UMC to participate in a mediation of the Term Sheet with the Company by a mutually agreed independent mediator to commence no later than February 21, 2015;

**CHAPTER 11 PETITION**

**RESOLVED**, that if UMC rejects mediation or a Term Sheet with UMC cannot be negotiated quickly to the satisfaction of the Board, in the judgment of the Board of the Company, it is desirable and in the best interests of the Company, its creditors and other parties in interest, that the Company file or cause to be filed a voluntary petition for relief under the provisions of chapter 11 of the Bankruptcy Code; and

**RESOLVED**, that Rosemary Castillo (the "Authorized Officer") is hereby authorized and empowered to execute and file on behalf of the Company all petitions, schedules, lists and other motions, papers or documents, and to take any and all action that they deem necessary or proper to obtain such relief, without limitation, any action necessary to maintain the ordinary course operation of the Company's business.

### **FURTHER ACTIONS AND PRIOR ACTIONS**

**RESOLVED** that in addition to the specific authorizations heretofore conferred upon the Authorized Officer, each of the officers of the Company or their designees shall be, and each of them, acting alone, hereby is, authorized, directed, and empowered in the name of, and on behalf of, the Company, to take or cause to be taken any and all such further actions, to execute, and deliver any and all such agreements, certificates, instruments, and other documents and to pay all expenses, including filing fees, in each case as in such officer or officers' judgment shall be necessary or desirable to fully carry to the intent and accomplish the purposes of the Resolutions adopted herein;

**RESOLVED** that all acts, actions and transactions relating to the matters contemplated by the foregoing Resolutions done in the name of and on behalf of the Company, which acts would have been approved by the foregoing Resolutions except that such acts were taken before these resolutions were certified, are hereby in all respect approved and ratified; and

**RESOLVED** that this written action of the Board may be executed in counterparts, each of which shall be deemed to be an original and all of which shall together constitute but one and the same instrument, and that a copy of this written action of the Board shall be filed with the minutes of the proceedings of the Board.

**Secretary's Certificate**

The above Resolutions were approved by a majority of the members of the Board of Directors of El Paso Children's Hospital Corporation at special meeting in executive session held on February 11, 2015, at which a quorum was present.



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Sadhana Chheda, M.D.  
Board Secretary

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court**  
**Western District of Texas**

In re El Paso Children's Hospital Corporation

Debtor(s)

Case No.

Chapter

11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
TEXAS TECH UNIVERSITY 4800 ALBERTA EL PASO, TX 79905	TEXAS TECH UNIVERSITY 4800 ALBERTA EL PASO, TX 79905	Trade		9,188,637.32
MEDASSETS, INC. P.O. BOX 405652 ATLANTA, GA 30384-5652	MEDASSETS, INC. P.O. BOX 405652 ATLANTA, GA 30384-5652	Trade		646,917.75
CARDINAL HLTH MED PROD & SVC P.O. BOX 730112 DALLAS, TX 75373-0112	CARDINAL HLTH MED PROD & SVC P.O. BOX 730112 DALLAS, TX 75373-0112	Trade		299,573.82
AMERISOURCE BERGEN DRUG CORP. P.O. BOX 100741 PASADENA, CA 91189-0741	AMERISOURCE BERGEN DRUG CORP. P.O. BOX 100741 PASADENA, CA 91189-0741	Trade		252,731.03
ACCREDITO HEALTH GROUP, INC. P.O. BOX 906027 CHARLOTTE, NC 28290-6027	ACCREDITO HEALTH GROUP, INC. P.O. BOX 906027 CHARLOTTE, NC 28290-6027	Trade		219,283.04
CHILDREN'S HOSPITAL ASSOC. TX 823 CONGRESS AVE., SUITE 1500 AUSTIN, TX 78701-2405	CHILDREN'S HOSPITAL ASSOC. TX 823 CONGRESS AVE., SUITE 1500 AUSTIN, TX 78701-2405	Trade	Disputed	101,556.00
HILL ROM P.O. BOX 643592 PITTSBURGH, PA 15264-3592	HILL ROM P.O. BOX 643592 PITTSBURGH, PA 15264-3592	Trade		97,814.84
PROLACTA BIOSCIENCE, INC. 757 BALDWIN PARK BLVD. ATTN: ACCOUNTS RECEIVABLE CITY OF INDUSTRY, CA 91746	PROLACTA BIOSCIENCE, INC. 757 BALDWIN PARK BLVD. ATTN: ACCOUNTS RECEIVABLE CITY OF INDUSTRY, CA 91746	Trade		90,062.50

B4 (Official Form 4) (12/07) - Cont.

In re El Paso Children's Hospital Corporation  
Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
ABBOTT LABS P.O. BOX 100997 ATLANTA, GA 30384	ABBOTT LABS P.O. BOX 100997 ATLANTA, GA 30384	Trade		78,296.48
DEPT OF HEALTH & HUMAN SER HHSC - ARTS P.O. BOX 149055 AUSTIN, TX 78714-9055	DEPT OF HEALTH & HUMAN SER HHSC - ARTS P.O. BOX 149055 AUSTIN, TX 78714-9055	Refund		73,404.00
NOVA BIOMEDICAL CORP. P.O. BOX 983115 BOSTON, MA 02298-3115	NOVA BIOMEDICAL CORP. P.O. BOX 983115 BOSTON, MA 02298-3115	Trade		60,228.50
INO THERAPEUTICS, LLC P.O. BOX 9001 53 FRONTAGE RD., 3RD FLOOR HAMPTON, NJ 08827-9001	INO THERAPEUTICS, LLC P.O. BOX 9001 53 FRONTAGE RD., 3RD FLOOR HAMPTON, NJ 08827-9001	Trade		48,334.00
CERNER CORPORATION P.O. BOX 412702 KANSAS CITY, MO 64141-2702	CERNER CORPORATION P.O. BOX 412702 KANSAS CITY, MO 64141-2702	Trade		45,324.00
BUNNELL INCORPORATED 436 SOUTH LAWNDALE DR. SALT LAKE CITY, UT 84115	BUNNELL INCORPORATED 436 SOUTH LAWNDALE DR. SALT LAKE CITY, UT 84115	Trade		42,098.50
PASO DEL NORTE HIE 221 N. KANSAS ST., STE. 1900 EL PASO, TX 79901	PASO DEL NORTE HIE 221 N. KANSAS ST., STE. 1900 EL PASO, TX 79901	Trade	Disputed	40,000.00
JOHNSON & JOHNSON/ETHICON 5972 COLLECTIONS CENTER CHICAGO, IL 60693	JOHNSON & JOHNSON/ETHICON 5972 COLLECTIONS CENTER CHICAGO, IL 60693	Trade		33,339.66
INTEGRA LIFESCIENCES SALES LLC P.O. BOX 404129 ATLANTA, GA 30384-4129	INTEGRA LIFESCIENCES SALES LLC P.O. BOX 404129 ATLANTA, GA 30384-4129	Trade		28,019.40
STAPLES ADVANTAGE DEPT DAL P.O. BOX 83689 CHICAGO, IL 60696-3689	STAPLES ADVANTAGE DEPT DAL P.O. BOX 83689 CHICAGO, IL 60696-3689	Trade		28,005.60
TMHP FINANCIAL DEPARTMENT 12357-B RIATA TRACE PKWY SUITE 100 AUSTIN, TX 78727	TMHP FINANCIAL DEPARTMENT 12357-B RIATA TRACE PKWY SUITE 100 AUSTIN, TX 78727	Refund		25,303.76



B4 (Official Form 4) (12/07) - Cont.

In re El Paso Children's Hospital Corporation  
Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
SMITH AND NEPHEW, INC. P.O. BOX 951605 DALLAS, TX 75395-1605	SMITH AND NEPHEW, INC. P.O. BOX 951605 DALLAS, TX 75395-1605	Trade		23,705.33
BECKMAN COULTER, INC. DEPT CH 10164 PALATINE, IL 60055-0164	BECKMAN COULTER, INC. DEPT CH 10164 PALATINE, IL 60055-0164	Trade		22,202.05
FEDERAL REPUBLIC OF GERMANY OFFICE OF DEFENSE ADMIN. 11150 SUNRISE VALLEY DR. RESTON, VA 20191	FEDERAL REPUBLIC OF GERMANY OFFICE OF DEFENSE ADMIN. 11150 SUNRISE VALLEY DR. RESTON, VA 20191	Trade	Disputed	20,498.79
KLS MARTIN L P P.O. BOX 204322 DALLAS, TX 75320-4322	KLS MARTIN L P P.O. BOX 204322 DALLAS, TX 75320-4322	Trade		19,450.00
ABBOTT NUTRITION 75 REMITTANCE DR., STE 1310 CHICAGO, IL 60675-1310	ABBOTT NUTRITION 75 REMITTANCE DR., STE 1310 CHICAGO, IL 60675-1310	Trade		17,254.76
VAPOTHERM, INC. ATTN: ACCOUNTS RECEIVABLE 165 LOG CANOE CIRCLE, SUITE B STEVENSVILLE, MD 21666	VAPOTHERM, INC. ATTN: ACCOUNTS RECEIVABLE 165 LOG CANOE CIRCLE, SUITE B STEVENSVILLE, MD 21666	Trade		16,720.05
SUPERIOR HEALTH P.O. BOX 3000 FARMINGTON, MO 63640	SUPERIOR HEALTH P.O. BOX 3000 FARMINGTON, MO 63640	Trade		16,442.24
AETNA US HEALTHCARE P.O. BOX 14079 LEXINGTON, KY 40512	AETNA US HEALTHCARE P.O. BOX 14079 LEXINGTON, KY 40512	Refund		15,853.47
BIOMET MICROFIXATION 75 REMITTANCE DR. SUITE 3283 CHICAGO, IL 60675-3283	BIOMET MICROFIXATION 75 REMITTANCE DR. SUITE 3283 CHICAGO, IL 60675-3283	Trade		15,661.00
GULF COAST PHARMACEUTICAL PLU P.O. BOX 6704 GREENVILLE, SC 29606	GULF COAST PHARMACEUTICAL PLU P.O. BOX 6704 GREENVILLE, SC 29606	Trade		15,604.73
SUTURE EXPRESS P.O. BOX 842806 KANSAS CITY, MO 64184-2806	SUTURE EXPRESS P.O. BOX 842806 KANSAS CITY, MO 64184-2806	Trade		15,340.82

B4 (Official Form 4) (12/07) - Cont.

In re El Paso Children's Hospital Corporation  
Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, Rosemary Castillo, the Board Chair of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date May 19, 2015

Signature /s/Mark Herbers  
**Mark Herbers**  
**CEO and CRO**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.

18 U.S.C. §§ 152 and 3571.